

ANNUAL OPERATIONAL PERMIT
TOWN OF RIVERHEAD
FIRE PREVENTION PERMIT APPLICATION
1295 Pulaski Street, Riverhead New York 11901 (631) 727-3200 x601

Tax Map No. _____

Date of Application: _____ Fee:* (below) _____ TOR File (FM use only) _____

Special Occupancy:

- | | |
|---|---------------|
| <input type="checkbox"/> Auto Wrecking Yards, Junk Yards | \$ 55. |
| <input type="checkbox"/> Dry Cleaning Plants | \$ 45. |
| <input type="checkbox"/> Repair Facility | \$ 45. |
| <input type="checkbox"/> Lumberyards and Woodworking Facilities | \$ 75. |

Hazardous Storage/Use:

- | | |
|--|---|
| <input type="checkbox"/> Storage of Readily Combustible Materials | \$ 30. |
| <input type="checkbox"/> Storage of Combustible and Flammable Liquids | \$ 180 (first 10,000 gal.) ADD. \$ 0.01 Per gal. in excess 10,000 |
| <input type="checkbox"/> Storage/Use Hazardous Chemicals and Materials | \$ 200. (first 1,000 gal or lbs.) ADD. \$ 0.01 per gal./ lb. excess 1,000 |
| <input type="checkbox"/> Welding and Cutting Operations | \$ 35. |
| <input type="checkbox"/> Hot Tar Work/Torch Applied Roofing | \$ 25. |

Storage/Sale of Liquid Petroleum Gas:

- | | |
|---|--|
| <input type="checkbox"/> Commercial site with 2,000 gal. or more of LPG | \$180. (first 2,000 gal) ADD \$ 0.01 per gal. in excess of 2,000 gal |
| <input type="checkbox"/> Retail Sale of Propane | \$200. |

PART 1: Applicant Information:

Name of Business: _____

Business Owner Name: _____ Daytime Phone No.: _____

Street Address: _____

Mailing Address (if different): _____

Property Owner Name (if different from applicant): _____

Contact Person -Name: _____ **Phone No.** _____

SIGNATURE OF APPLICANT (ALL PERMITS)

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law. This applicant hereby gives permission to Town of Riverhead Fire Marshal to conduct a fire safety inspection in accordance with Fire Prevention Code of State of New York.

Signature of Applicant _____ Date: _____

*** Please make checks payable to Town of Riverhead***
additional forms may be obtained at: www.riverheadli.com